

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1								51							
2								52							
3								53							
4								54							
5								55							
6								56							
7								57							
8								58							
9								59							
10								60							
11								61							
12								62							
13								63							
14								64							
15								65							
16								66							
17								67							
18								68							
19								69							
20								70							
21								71							
22								72							
23								73							
24								74							
25								75							
26								76							
27								77							
28								78							
29								79							
30								80							
31								81							
32								82							
33								83							
34								84							
35								85							
36								86							
37								87							
38								88							
39								89							
40								90							
41								91							
42								92							
43								93							
44								94							
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.								TOTAL IND.							
TOTAL DEP.								TOTAL DEP.							
TOTAL CLAIMS								TOTAL CLAIMS							